

Ranney (G. E.)

Unilocular Ovarian Cyst,

WEIGHING NINETY-FIVE POUNDS,

SUCCESSFULLY REMOVED.

BY GEORGE E. RANNEY, M.D.,

LANSING, MICH.



Reprinted from the Journal of the American Medical Association,
November 29, 1884.

CHICAGO:
REVIEW PRINTING CO.
1884.

UNILOCULAR OVARIAN CYST, WEIGHING NINETY-FIVE POUNDS, SUCCESS- FULLY REMOVED.

The following case is one of interest for a number of reasons, and especially so on account of the size of the tumor, which, as far as I know, is the largest of the kind ever removed, while few tumors of any variety have exceeded it in weight. A case (occurring in a negro woman) of fibro-cyst of the uterus, weighing 130 pounds, including seventy-one pounds of fluid drawn from the cyst, six days before the death of the patient, together with the solid portion of the tumor, and twenty-four pounds of fluid removed after death, is reported by Dr. C. C. Stockard, of Miss., in the New York *Med. Record*, Aug. 16, 1884, concerning which he says it is, as far as he can learn, the largest one on record. In this case the question may arise as to whether the most of the twenty-four pounds removed on post-mortem did not accumulate during the six days following the tapping.

Thomas, on the Diseases of Women, p. 543, second edition, says: "The unilocular tumor consists of simple dilatation of a Graafian follicle. This may go on until the size of the uterus in the eighth or ninth month of pregnancy is reached. Kiwisch has met with one whose contents weighed forty pounds, but such a development is exceedingly rare, as they seldom remain simple after passing the dimensions of an adult head." Further on he says of multilocular cysts: "The size to which these cysts will grow is truly wonderful. It has been already stated that unilocular or monocystic tumors rarely attain a great size as such; they become, as they increase, multiloc-

ular or polycystic, and then their growth may become excessive. Instances are on record of tumors containing over one hundred pounds of fluid."

Our distinguished countryman, Dr. Emmet, in his "Principles and Practice of Gynæcology," second edition, p. 826, reports the removal of a multilocular tumor weighing seventy-nine pounds, and adds: "This was the largest ovarian tumor I have ever removed."

The case in question was in the person of Mrs. T., of Grand Ledge, Mich., a native of Michigan, æt. 55 years, married, and the mother of two sons, aged respectively 30 and 34 years. Her frame is below medium size, and up to 40 years of age she never weighed over 90 pounds. At about this age she became very fleshy, and weighed over 200 pounds. Her menopause occurred at the age of 45 years. At about the age of 49 years she discovered that the enlargement of her abdomen was more marked, and she experienced an uncomfortable fullness of it, and thought she felt through its thick walls an unnatural growth or accumulation, which led her to think she required medical assistance, and accordingly she selected her advisers from a "covey," or "brood," of ignorant homœopathic practitioners, such as afflict most of the towns of our beautiful State, where they are hatched out in as little time as it would take an egg to incubate, and where the law recognizes no difference between them and the most skillful physicians.

Her case was diagnosed by them as one of abdominal dropsy, and the patient labored under that delusion, and was treated for dropsy, up to within six weeks prior to my first visit, when Dr. Wright, of Grand Ledge, an intelligent practitioner, was called to see the case. He reports that he found her in a general anasarctous condition, which anasarca, by appropriate treatment, became somewhat diminished.

About one week before I saw her, and nearly two weeks before the operation, the doctor had attempted paracentesis with a medium-sized trocar, but only succeeded in drawing away a small quantity of straw-colored fluid and a thick gelatinous material of about the same color.

I was called to see her, with Dr. Wright, Oct. 2, 1884, and found her truly a sight to behold. Her abdomen was enormously distended, and its walls firmly stretched over what I diagnosed at the time, and what subsequently proved to be, a monocystic tumor of left ovary. The tumor had pressed the rectal muscles apart at the umbilicus, causing a hernial protrusion, which looked toward the floor as she stood up, so greatly was the abdomen above it distended. There had been a constant external dripping from the puncture made with the trocar—a circumstance disagreeable to the patient and attendants.

The tumor was so large and cumbersome that the patient had been, for a long time, unable to lie on her back, and for years past, in order to change from one side to the other in bed, she had to be raised, when she would stand upon the floor and approach her bed from the opposite side.

By digital examination per vagina, I found an cedematous condition about the womb, and by carrying my finger higher up, could recognize the harder, characteristic resistance of the tumor. Examination of uterus with finger and sound revealed nothing abnormal. The cedematous condition of pudenda and protrusion of abdomen rendered specular examination impracticable had it been desirable.

The walls of the abdomen would glide over the tumor, to a limited extent, and I was led to hope, notwithstanding its long existence and extraordinary size, that its adhesions were not extensive, as is generally the case in multilocular cysts. Desiring to ascertain of what the tumor was composed, and, if

possible, to determine whether the tumor was monocystic or polycystic, I drew through an aspirating needle, at a site somewhat remote from the previous tapping, a substance small in amount, in color and consistence like that previously drawn by Dr. Wright, and proving, on examination, to be almost wholly albumen. The trouble was seriously telling upon the patient's health. The weight of the tumor was gravely telling upon her strength; impairing seriously her digestion and assimilation, and thereby lessening her flesh; its pressure upon the blood vessels, and consequent anasarca; its pressure against the ribs and diaphragm rendering respiration difficult and short, were conditions which rendered a practical illustration, in her case, of Dr. Holmes' remark, "That the latter stages of ovarian dropsy should be prolonged over months instead of weeks would be a matter of regret rather than congratulation." Indeed the patient expressed the belief that death would soon come to her relief, and she longed for that eventful time if she could not be relieved by an operation, which she not only expressed a willingness to submit to, but begged me to perform, regardless of its dangers, which had been greatly enhanced by rupture of the ovarian cyst, at the point of tapping, which permitted a discharge into the peritoneal cavity, which discharge enveloped the organs of the abdominal and pelvic viscera.

Accordingly, Wednesday, Oct. 8, 1884, was the time agreed upon for the operation. On the day previous the largest room in the house, which was carpeted and furnished, was tightly corked, and disinfected with sulphurous acid gas. The morning of the operation I thoroughly sprayed the room with a solution of carbolic acid. The family had recently moved into the house which is comparatively small, and unavoidable delay in making necessary repairs, rendered the house incommodious. I selected for the

operating room an unfinished kitchen only covered by the roof, the walls being neither lathed or plastered. The day was a cloudy one, and though the room was poorly lighted it was well "ventilated." This room I also thoroughly sprayed. Every assistant was requested to bathe before coming to the house, and on their arrival they washed their hands in carbolized water and sprayed their clothes. Every instrument and thread was disinfected, as were all the dressings. The spray was continued during the operation, and the temperature of the room kept at 92° F., by means of the kitchen stove. I am under great obligation for the efficient and able assistance in operating rendered me by Dr. Wright, who visited her daily before, and since the operation, also to Dr. Davis, of Grand Ledge, and especially to Dr. Jenks, of Detroit, and Dr. Post, of Lansing.

After etherizing the patient, who had to lie on her side, as previously stated, we made the abdominal incision in the usual place, finding the walls quite thick, owing to its fatty and œdematous condition. The incision was made through the site of the tapping, finding the sac at this point, which was friable, ruptured, permitting the escape of considerable of its contents into the peritoneal sac as previously mentioned.

By the ordinary means of exploration we found adhesions, though not extensive, which I readily broke up with my hand, and though causing at one time terrific bleeding, I was able to promptly control it by pressure and ligature. The pedicle was patulous and broad when compressed, though not large, as a whole, it was very vascular and supplied with three or four quite large arteries. The pedicle was held by hand and compressing forceps, while a double, stout, braided silk ligature was passed through it, carefully avoiding the large blood-vessels, looped on itself and firmly tied. The stump was

then severed, fine silk ligatures applied to the ends of the arteries, and the end of the stump seared or cooked with a hot iron, the end of the stump cleanly wiped and dropped into the abdomen.

The remainder of the escaped material of the tumor was carefully removed by hand and sponge, from the abdominal and pelvic viscera.

The peritonæum was little if any inflamed. The long and persistent pressure of the tumor against the peritonæum, however, had caused a wonderful thickening of it, which was found studded with growths the size of a kidney-bean, which protruded, presenting a remarkable appearance, some of them looking like fatty material and others like pieces of raw beef, and were susceptible of being pinched off by the thumb and finger. The tolerance of rough usage which the peritonæum had acquired, accounts, I believe, in a large degree for the almost total absence of peritonitic symptoms, before and following the operation. The abdominal wound was closed with interrupted wire sutures, the disinfected gauze, mackintosh compress and flannel binder applied and the patient placed in bed in the room previously prepared for her. No drainage tube was used. The time consumed in the operation was three hours and twenty minutes. The tumor had the enormous weight of 95 lbs.

I remained with the patient twenty-four hours following the operation, during which time she thoroughly rallied and expressed surprise that she was alive and that she was able to lie on her back, which for years previously she had been unable to do. No nausea or vomiting has followed the operation. At 4:30 o'clock P.M., about three hours after the operation, her temperature was 99° F.; pulse good. At ten the same night the temperature had come up to 101½°, pulse full and strong. The bladder by

that time had become full and I drew from it a pint or more of amber-colored urine.

Oct. 9, at 6:30 A.M. the day following, temperature was $99\frac{1}{2}^{\circ}$, pulse 116 and quite good; slept well during the night; looked not bad, felt cheerful and asked if she could have something to eat; says she feels a little "wind pressure" in lower part of bowels. At 10 A.M. passed a pint of urine without the use of catheter; temperature $100\frac{1}{2}^{\circ}$; at 8 P.M., temp. 100° , pulse 120.

Oct. 10.—9 A.M. Temp. $98\frac{1}{4}^{\circ}$, pulse 100; at 12 M. passed gas from bowels; temp. $99\frac{1}{4}^{\circ}$.

Oct. 11.—9 A.M. Temp. $99\frac{1}{4}^{\circ}$, pulse 100; continues to pass gas from bowels; at 9 P.M., temperature $99\frac{3}{4}^{\circ}$.

Oct. 13.—12 M. Temp. 100° , pulse 100, after dressing wound for the first time since the operation. The peritoneal wound healed by first intention throughout its full extent, a fortunate circumstance, as it prevented the fluids entering the peritoneal cavity from the non-union of the anasarcous tissues external to it.

Oct. 14.—Dr. Post visited the patient in my stead, finding her about as she was the day before, the wound suppurating, but healthy.

Oct. 15.—About the same; gas continues to pass freely from the bowels. At 11 A.M., temp. 98° , pulse 96, full and softer than previous. The tongue, which has worn a white fur and been somewhat dry, with red edges, is now more moist, and its coating diminished. She says she would like to sit up. I removed all the stitches except one, and strapped the wound with adhesive plaster. Up to this time the dressings were made under the carbolized spray. Thus far she has taken nothing on her stomach excepting water. She has thus far been nourished and stimulated by enemata, composed of beef tea, milk, brandy and sulphate of cinchonidia.

Oct. 16.—Temp. $98\frac{1}{2}^{\circ}$, pulse 108. She took a little milk on her stomach, which disturbed her somewhat, so it was discontinued.

Oct. 17.—Bowels moved naturally. Temp. and pulse same as yesterday. Gave her some peptonized milk, which she enjoyed.

Oct. 18.—Temp. 98° , pulse 100, and a little “jerky,” and not quite satisfactory. Continued the milk whey and enemata.

Oct. 19.—Temp. 99° , pulse 108 at 12 M.

Oct. 20.—Temp. 99° , pulse 108 at 12 M.

Oct. 21.—Temp. 98° , pulse 102. Ate two crackers contrary to orders. No perceptible result followed.

Oct. 22.—About the same. From the last date to the present, appetite and digestion increased; strength improved. She has been cheerful all the time, and slept about twelve hours per day. No tympanitis existed since the first two or three days, though she has continued to pass gas freely from the bowels. Up to the time she commenced to take food on her stomach, she had two or three transient spells of vertigo. As she became better nourished, no further symptoms of the kind manifested themselves, and her strength gradually improved, when, on October 24 and 25 she sat upon the commode to defecate. Sitting up had not been permitted by me, and I interdicted it as soon as I learned the fact. Her appetite has been, and is, voracious with slight interruption. Besides the food previously mentioned, she has been allowed eggs, also beef peptonoids, prepared by Reed & Carnick, of New York, and she has at times broken over my strict injunctions by eating more or less starchy food, when, finally, on October 30, she ate “sour kroust” and drank sweet cider! These latter articles forcibly reminded her that she “had a stomach,” and her bowels were rendered uncomfortable and moved slightly a number of times. Ten drops of laudanum injected into the bowels relieved

the distress she experienced, and though her pulse seemed a little excited and flatulence increased, she declared that she felt firstrate.

The external wound has nearly healed, her temperature and pulse nearly normal; her tongue almost natural; strength good; countenance bright, and at the present writing it rests her to sit up a little while at a time, and it seems as though all danger had passed. It is worthy of remark that immediately following and since the operation, her kidneys have been quite active and that the dropsical condition of her limbs, which had rendered them two or three times their natural size, rapidly disappeared. No severe shock followed the operation; no hæmorrhage, peritonitis, septicæmia, phlebitis or abscess occurred. In short, with the exception of one or two days, which dates I omitted to note, she has had no untoward symptoms, and these exceptions were the result of disturbed digestion and assimilation from indiscretion in eating.

Since writing the above the patient has substantially recovered, she being able to walk, to ride out with comfort, and to do light work.

Lansing, Nov. 22, 1884.

